

# TO ESTABLISH **CHILD SUPPORT**

Do not copy  
or file this page

# 1

## **To Get The First Court Order**

Part 1: Completing and Filing the Court Papers  
(Forms Packet)

**NOTICE:** This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled “Calculate Child Support”, or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

## SELF-SERVICE CENTER

# ESTABLISH THE FIRST COURT ORDER FOR CHILD SUPPORT

## CHECKLIST

*You may use the forms and instructions in this packet if . . .*

- ✓ **You want a court order to establish child support and do not already have one, AND**
- ✓ You already have or do not need to establish an order for child custody (now called “legal decision making” in Arizona) or parenting time (*visitation*) *at this time*, **AND**
- ✓ You are the natural or adoptive parent, the legal guardian, or have a court order awarding you custody of the child or children, **OR**
- ✓ You are providing support for or have physical custody (possession) of the child(ren) of the other party, **OR**
- ✓ You are legally married to the other parent and you understand that using this packet will **NOT** result in a court order for legal decision making (custody), parenting time, or spousal maintenance (and you can only request a court order for **all** of the above as part of a legal separation or divorce), **OR**
- ✓ You are not married to the other parent and are seeking support from the father **and** **paternity has been legally established** by either:
  - A court order establishing paternity, **OR**
  - The father's name is on the child's birth certificate because, at the time the child was born or afterwards, **both parents signed** an affidavit acknowledging paternity; **AND**
- ✓ You know the name and address of the other party or where the person can be found, so the court papers can be personally served on him or her.

**WARNING: If someone *other than you* has court-ordered legal decision making (custody) or if there is an existing child support order involving the same children for whom you are now trying to establish support, you may need to file papers to modify that order instead.**

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

## SELF-SERVICE CENTER

# PETITION TO ESTABLISH CHILD SUPPORT

## PART 1 – COMPLETING AND FILING THE COURT PAPERS (Forms Only)

This packet contains court forms and instructions to file a petition to establish child support. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	No. Pages
1	DRES1k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRES1ft	Table of Contents (this page)	1
3	DRSDS10f-c	<b><i>“Family Court/Sensitive Data Cover Sheet - in Cases With Minor Children”</i></b>	1
4	DRES11f	<b><i>“Petition to Establish Child Support”</i></b>	1
5	DRS12f	<b><i>“Parent’s Worksheet for Child Support”</i></b>	1

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Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner \_\_\_\_\_

Case No. \_\_\_\_\_

Respondent \_\_\_\_\_

ATLAS No. \_\_\_\_\_

**FAMILY COURT / SENSITIVE DATA  
COVERSHEET WITH CHILDREN  
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

**A. Personal Information:**

**Petitioner**

**Respondent**

**Name**

**Gender**

☐ Male or ☐ Female

☐ Male or ☐ Female

**Date of Birth** (Month/Day/Year)

**Social Security Number**

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM  
IF REQUESTING ADDRESS PROTECTION**

**Mailing Address**

**City, State, Zip Code**

**Contact Phone**

**Email Address**

**Current Employer Name**

**Employer Address**

**Employer City, State, Zip Code**

**Employer Telephone Number**

**Employer Fax Number**

**B. Child(ren) Information:**

**Child Name**

**Gender**

**Child Social Security Number**

**Child Date of Birth**

**C. Type of Case being filed - Check only one category.**

*\*Check only if no other category applies*

☐ Dissolution (Divorce)

☐ Legal Separation

☐ Annulment

☐ Order of Protection

☐ Paternity

☐ \*Legal Decision Maker  
(Custody)/Visitation

☐ \*Child Support

☐ Other

**Interpreter Needed:**

☐ Yes ☐ No

**If yes, what language?**

**DO NOT COPY OR FILE THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner (2)

vs.

\_\_\_\_\_  
Respondent (2)

CASE NO. \_\_\_\_\_ (3)

### PETITION TO ESTABLISH CHILD SUPPORT

I am providing support for or have physical custody of the following child(ren):

(4) Name (first, middle, last)

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The other party is the natural or adoptive parent of the child(ren) listed above and has a legal duty to provide support pursuant to A.R.S. § 25-501.

(5) Paternity for the above-named minor child(ren) common to the above parties was established by:

- ☐ Court Order from this county or previously transferred to this county. (A.R.S. § 25-502(c))  
☐ Affidavit of Acknowledgment filed on or after July 21, 1996 in accordance with A.R.S. § 25-812-814, or § 36-334).  
☐ Parties were legally married when child(ren) was (were) born, conceived, or adopted.

**WHEREFORE**, I request that the court take any or all of the following actions.

- A. Order the other party to pay Child Support according to the Basic Child Support Obligation Guidelines and provide other relief as requested in the attached Parent's Worksheet.  
B. Order payment of costs and attorney fees, if appropriate.  
C. Order such other relief as deemed necessary and appropriate by the court.

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

**DO NOT SIGN UNTIL DIRECTED TO DO SO BY A NOTARY PUBLIC OR A CLERK OF THE SUPERIOR COURT.**

(6) \_\_\_\_\_  
Requesting Party

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

Person Filing: (1) \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY<sup>(2)</sup>  
PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner: \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent: \_\_\_\_\_ (4) ATLAS: \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Physical Custody:

Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u><b>FATHER</b></u>	<u><b>MOTHER</b></u>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
<b>Basic Child Support Obligation</b>	(16) \$ _____	
<b>Plus Costs for:</b>		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23)	\$ _____

Case No. \_\_\_\_\_

	<b>FATHER</b>		<b>MOTHER</b>
<b>Each Parent's % of Combined Income</b>	_____ % (24)		_____ %
<b>Each Parent's Share of Tot. Support Obligation</b>	\$ _____ (25)		\$ _____
<b>Adjustment for Non Custodial Parent's Costs Associated with Parenting Time</b>			
<b>Using Table A</b> <input type="checkbox"/> <b>Table B</b> <input type="checkbox"/>	\$ _____ (26)		\$ _____
<b>No. of Days</b> _____ <b>=</b> _____ <b>% Adjustment</b> (from table)			
<b>x Line (16)</b> \$ _____ (Basic Child Support Obligation)	\$ _____ (27)		\$ _____
<b>Less Noncustodial Parent's Costs for:</b>			
Medical/Dental/Vision Insurance*	\$ _____ (28)		\$ _____
Childcare*	\$ _____ (29)		\$ _____
Education Expenses*	\$ _____ (30)		\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____ (31)		\$ _____
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above			
<b>Adjustments Subtotal</b>	\$ _____ (32)		\$ _____
<b>Preliminary Child Support Amount</b>	\$ _____ (33)		\$ _____
<b>Self Support Reserve Test for Parent Who Will Pay</b>			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount <b>- \$903.00</b>			
<b>Total</b>	<b>= \$ _____ (34)</b>		<b>\$ _____</b>
<b>Child Support to be Paid by:</b> Father <input type="checkbox"/> Mother <input type="checkbox"/>	\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span> (35)		\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>
<b>Share of Travel Expenses Related to Parenting Time*</b>	_____ % (36)		_____ %
*Only for expenses related to travel over 100 miles, one way.			
<b>Share of Medical/Dental/Vision Costs Not Paid by Insurance</b>	_____ % (37)		_____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent